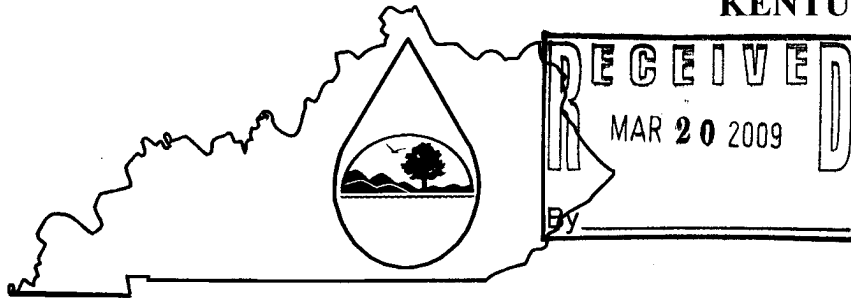


# KPDES FORM 1

A 241-3314

## KENTUCKY POLLUTANT DISCHARGE ELIMINATION SYSTEM

### PERMIT APPLICATION



This is an application to: (check one)  
☐ Apply for a new permit.  
☒ Apply for reissuance of expiring permit.  
☐ Apply for a construction permit.  
☐ Modify an existing permit.  
 Give reason for modification under Item II.A.

A complete application consists of this form and one of the following:  
 Form A, Form B, Form C, Form F, or Form SC

For additional information contact:  
 KPDES Branch (502) 564-3410

1200.00  
 Check needed  
 Back 3/23/09  
 TB

<b>I. FACILITY LOCATION AND CONTACT INFORMATION</b>		AGENCY USE	0041343
A. Name of business, municipality, company, etc. requesting permit Southern Elementary - Ohio County Board of Education			
B. Facility Name and Location 3836 Hwy 231 South Southern Elementary Beaver Dam, KY 42320		C. Primary Mailing Address (all facility correspondence will be sent to this address). Include owner mailing address on a separate sheet if different.	
Facility Location Name: Southern Elementary		Facility Contact Name and Title: Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/> Chip Schrader	
Facility Location Address (i.e. street, road, etc., not PO Box): 3836 US Hwy 231S Beaver Dam, KY		Mailing Address: PO Box 70 315 East Union St.	
Facility Location City, State, Zip Code: Beaver Dam, KY 42320		Mailing City, State, Zip Code: Hartford, KY 42347	
		Facility Contact Telephone Number: 270 298-3249	

<b>II. FACILITY DESCRIPTION</b>			
A. Provide a brief description of activities, products, etc: Sewer Treatment Plant Public Elementary School Waste From Restrooms + Cafeteria for 238 students			
B. Standard Industrial Classification (SIC) Code and Description			
Principal SIC Code & Description:	Public School Southern Elementary 8211		
Other SIC Codes:	KPDES # 0041343		

<b>III. FACILITY LOCATION</b>	
A. Attach a U.S. Geological Survey 7 1/2 minute quadrangle map for the site. (See instructions)	
B. County where facility is located: Ohio County	City where facility is located (if applicable):
C. Body of water receiving discharge: Unnamed tributary at mile point 1.0 to West Prong Indian Camp Creek	
D. Facility Site Latitude (degrees, minutes, seconds): 37° 20' 58.00"	Facility Site Longitude (degrees, minutes, seconds): 86° 49' 15.00"
E. Method used to obtain latitude & longitude (see instructions): used topo map coordinate	
F. Facility Dun and Bradstreet Number (DUNS #) (if applicable):	

**IV. OWNER/OPERATOR INFORMATION****A. Type of Ownership:**

☐ Publicly Owned ☐ Privately Owned ☒ State Owned ☐ Both Public and Private Owned ☐ Federally owned

**B. Operator Contact Information (See instructions)**

Name of Treatment Plant Operator:

Larry W. Carter, Jr.

Telephone Number:

270-232-9758

Operator Mailing Address (Street):

4250 Hwy 695

Operator Mailing Address (City, State, Zip Code):

Centertown KY 42328

Is the operator also the owner?

Yes ☐ No ☒

Is the operator certified? If yes, list certification class and number below.

Yes ☒ No ☐

Certification Class:

Waste Water Treatment Plant Operator

Certification Number:

7727

**V. EXISTING ENVIRONMENTAL PERMITS**

Current NPDES Number:

KY 0041343

Issue Date of Current Permit:

January 1, 2006

Expiration Date of Current Permit:

Sept. 30, 2009

Number of Times Permit Reissued:

0

Date of Original Permit Issuance:

January 1, 2006

Sludge Disposal Permit Number:

Kentucky DOW Operational Permit #:

4737

Kentucky DSMRE Permit Number(s):

Which of the following additional environmental permit/registration categories will also apply to this facility?

CATEGORY	EXISTING PERMIT WITH NO.	PERMIT NEEDED WITH PLANNED APPLICATION DATE
Air Emission Source		
Solid or Special Waste		
Hazardous Waste - Registration or Permit		

**VI. DISCHARGE MONITORING REPORTS (DMRs)**

KPDES permit holders are required to submit DMRs to the Division of Water on a regular schedule (as defined by the KPDES permit). Information in this section serves to specifically identify the name and telephone number of the DMR official and the DMR mailing address (if different from the primary mailing address in Section I.C).

A. DMR Official (i.e., the department, office or individual designated as responsible for submitting DMR forms to the Division of Water):

SMR Engineering + Environmental Service

DMR Official Telephone Number:

270 754-9928

B. DMR Mailing Address:

- Address the Division of Water will use to mail DMR forms (if different from mailing address in Section I.C), or
- Contact address if another individual, company, laboratory, etc. completes DMRs for you; e.g., contract laboratory address.

DMR Mailing Name:

SMR Engineering + Environmental Service

DMR Mailing Address:

200 North First Street

DMR Mailing City, State, Zip Code:

Central City, KY 42330

## VII. APPLICATION FILING FEE

KPDES regulations require that a permit applicant pay an application filing fee equal to twenty percent of the permit base fee. Please examine the base and filing fees listed below and in the Form 1 instructions and enclose a check payable to "Kentucky State Treasurer" for the appropriate amount (for permit renewals, please include the KPDES permit number on the check to ensure proper crediting). Descriptions of the base fee amounts are given in the "General Instructions."

Facility Fee Category: <i>Small Non-POTW</i>	Filing Fee Enclosed: <i>\$1200 (see attached note for waiver of fee)</i>
---	---

## VIII. CERTIFICATION

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

NAME AND OFFICIAL TITLE (type or print): Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/> <i>Chip Schrader</i>	TELEPHONE NUMBER (area code and number): <i>270 - 298 - 3249</i>
SIGNATURE <i>Chip Schale</i>	DATE: <i>3-17-09</i>

# KPDES FORM 1 -- INSTRUCTIONS

Listed below are explanations of select Form 1 questions. If further information is needed concerning any question, please **contact Division of Water, KPDES Branch at (502) 564-3410.**

## I. Facility Location and Contact Information

- A. Use the official or legal name of the business, company, municipality, etc. requesting permit.
- B. The facility name should be the name by which the facility is commonly known and/or uniquely identified. The information given as the facility name and location address should be the actual location of the facility (i.e. road name, highway number, not the P O Box address).
- C. The primary mailing address should be the legal permittee of record and is the address where correspondence regarding the application, permit, etc. for the facility will be sent unless otherwise indicated. The owner mailing address is to be provided on a separate sheet if different from the primary mailing address.

## II. Facility Description

- A. Briefly describe the nature of the business and the activities being conducted that require a KPDES permit.
- B. The SIC codes are numbers and descriptions of activities classified by the Executive Office of the President, Office of Management and Budget. These are found in the 1987 Edition of the Standard Industrial Classification (SIC) Manual. List the SIC codes(s) that best describe the products or services provided by the facility in descending order of importance. If an SIC code book is not available, please describe in detail the nature of the business and activities conducted so that an appropriate code can be assigned.

## III. Facility Location

- A. Attach a U.S. Geological Survey (USGS), 7 1/2 minute topographic quadrangle map(s) extending at least one mile beyond the property boundary of the discharge source. Depict or mark the facility and each of its intake and discharge structures. Also mark the locations of those wells, springs, surface water bodies, and drinking water wells listed in public records or otherwise known to the applicant within one-quarter mile of the facility property boundary. USGS maps may be obtained from the University of Kentucky, Mines and Minerals Bldg. Room 106, Lexington, Kentucky 40506. Phone: (859) 257-3896.
- B. List the county and, if applicable, city where facility is located.
- C. List the body of water receiving discharge.
- D. List the latitude and longitude for the facility site. The latitude/longitude reading for the site should be taken at the influent to the wastewater treatment plant, if applicable.
- E. List the method used to obtain the latitude and longitude (i.e. topo map coordinates, GPS reading, etc.)
- F. List the facility's Dun and Bradstreet Number if applicable.

## IV. Owner/Operator Information

- A. Place a check in the applicable type ownership as listed.
- B. These sections must be completed by **all municipal and sanitary wastewater applicants** and other facilities as applicable.

List the name and address of the person who operates the sewage treatment plant.

Indicate if the operator is also the owner.

The operator must be currently certified with the Division of Water. For information concerning those requirements, contact: Division of Water, Certification Section, at (502) 564-3410.

List the Operator's Certification Class and Certification Number.

- V. List any existing environmental permits which the facility has or will be applying for.

- VI. List the address where Discharge Monitoring Report (DMR) forms are to be mailed.

## VII. Application Filing Fee

The payment of a filing fee as listed below must accompany the application for a KPDES Permit. **(Your check must be made payable to "Kentucky State Treasurer." For permit renewals, to ensure your account is properly credited, please include the KPDES permit number on the check.)** This fee will be applied toward the final discharge permit fee. The filing fee is not refundable if the application is withdrawn or the permit is denied. Listed below are the facility categories, associated base fees, and application filing fees. (See the "General Instructions" for definitions of facility categories.)

Facility Category	Base Fee	Application Filing Fee
Major Industry	\$3,200	\$640
Minor Industry	\$2,100	\$420
Non-Process Industry	\$1,000	\$200
Large Non-POTW	\$1,700	\$340
Intermediate Non-POTW	\$1,500	\$300
Small Non-POTW	\$1,000	\$200
Agriculture	\$1,200	\$240
Surface Mining Operation	\$1,200	\$240
501(c)(3)	\$100	\$20

\$1200

If this application is for a new project, see the General Instructions for the applicable Construction Permit fee.

A permit application cannot be processed unless the application filing fee and (if applicable) construction permit fee is enclosed.

Make your check payable to "Kentucky State Treasurer."

## VIII. Certification

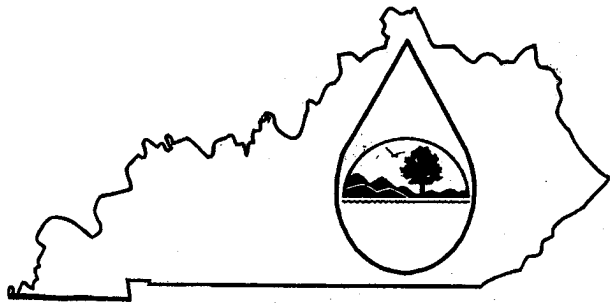
The permit application must be signed as follows:

**Corporation:** by a principal executive officer of at least the level of vice president.

**Partnership or sole proprietorship:** by a general partner or the proprietor respectively.

**Municipality, state, federal, or other public agency:** by either a principal executive officer or ranking elected official.

# KPDES FORM SC



## KENTUCKY POLLUTANT DISCHARGE ELIMINATION SYSTEM

### PERMIT APPLICATION

A complete application consists of this form and Form 1.  
For additional information, contact: KPDES Branch, (502) 564-3410.

NAME OF FACILITY: <u>Southern Elementary</u>							
<b>I. FACILITY DISCHARGE FREQUENCY</b>				AGENCY USE			
A. Do discharge(s) occur all year? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> <u>not as frequent when school is not in session in June + July</u> (Complete Item IX for intermittent discharges.)							
B. How many days per week?				<u>5</u>			
II. A. Give the basis of design for sizing of the wastewater facility (see instructions): <div style="text-align: center; padding: 10px;"><u>The facility serves 238 students</u></div>							
B. If new discharger, indicate anticipated discharge date:							
C. Indicate the design capacity of the treatment system:				MGD <u>.006</u>			

III. Outfall Location (see instructions)							
Outfall (list)	LATITUDE			LONGITUDE			RECEIVING WATER (name)
	Degrees	Minutes	Seconds	Degrees	Minutes	Seconds	
	37	20	58	86	49	15	unnamed tributary of mile point 1.0 to west prong Indian Camp Creek
Method used to obtain latitude/longitude (i.e. GPS unit, USGS topographic map coordinates, etc.)							

IV. FLOWS, SOURCES OF POLLUTION, AND TREATMENT TECHNOLOGIES (see instructions)				
If wastewater other than domestic or sanitary is listed, complete page 4 in addition to page 1 and 2.				
OUTFALL NO. (list)	OPERATION(S) CONTRIBUTING FLOW		TREATMENT	
	Operation (list)	Avg/Design Flow (include units)	List treatment components	List Codes from Table SC-1
1	Sanitary Wastewater	.006 gpd (design flow)	Physical treatment	1-T
	Elementary School	.002 gpd	Biological treatment	3-A
			Sludge Treatment	5-F

V. Check the type(s) of wastewater discharged.

- ☒ Domestic (60% or more sanitary sewage)
 ☐ Oil field waste  
☐ Noncontact cooling water
 ☐ Other (list):

VI. Does all water used at facility (except for human consumption) flow to a treatment plant? ☒ Yes ☐ No

VII. Discharge to other than surface waters. Check appropriate location:

- ☐ Publicly-owned lake or impoundment Name of lake: \_\_\_\_\_  
☐ Publicly-owned treatment works (POTW). Name of POTW: \_\_\_\_\_  
☐ Land application of Effluent  
☐ Surface injection (Check term and identify on map) ☐ lateral field; ☐ sinkhole; ☐ sinking stream; ☐ deep well  
☐ Closed Circuit (Check appropriate term) ☐ Holding tank; ☐ Mechanical evaporation; ☐ Waste impoundment

VIII. Check the metals present in the discharge if applicable and indicate the quantity discharged per year. (Indicate units).

<input type="checkbox"/>	Antimony	
<input type="checkbox"/>	Arsenic	
<input type="checkbox"/>	Beryllium	
<input type="checkbox"/>	Cadmium	
<input type="checkbox"/>	Chromium	

<input type="checkbox"/>	Copper	
<input type="checkbox"/>	Lead	
<input type="checkbox"/>	Mercury	
<input type="checkbox"/>	Nickel	
<input type="checkbox"/>	Selenium	

<input type="checkbox"/>	Silver	
<input type="checkbox"/>	Thallium	
<input type="checkbox"/>	Zinc	
<input type="checkbox"/>		
<input type="checkbox"/>		

**IX. INTERMITTENT DISCHARGES (Complete this section for intermittent discharges.)**

A. Number of bypass points:

(If bypass points are indicated, information below must be completed for each bypass.)

Check when bypass occurs:	<input type="checkbox"/> Wet Weather	<input type="checkbox"/> Dry Weather
Give the number of bypass incidents	per year	per year
Give average duration of bypass	hours	hours
Give average volume per incident	1,000 gallons	1,000 gallons
Give reason why bypass occurs:		

B. Number of Overflow Points:

(If discharge is from an overflow point, the information below must be completed.)

Check when overflow occurs:	<input type="checkbox"/> Wet Weather	<input type="checkbox"/> Dry Weather
Give the number of overflow incidents:	per year	per year
Give average duration of overflow:	hours	hours
Give average volume per incident:	1,000 gallons	1,000 gallons

C. Number of seasonal discharge points

Give the number of times discharge occurs per year	
Give the average volume per discharge occurrence	(1,000 gallons)
Give the average duration of each discharge	(days)
List month(s) when the discharge occurs	

**X. AREA SERVED (see instructions)**

NAME	ACTUAL POPULATION SERVED
Southern Elementary School	238
TOTAL POPULATION SERVED	238

(PLEASE COMPLETE THIS PAGE IF OTHER THAN DOMESTIC WASTEWATER IS DISCHARGED)

**XI. COOLING WATER ADDITIVES AND THEIR COMPOSITIONS**

Additive	Composition	Concentration (mg/l)

**XII. EFFLUENT CHARACTERISTICS**

A. Indicate results of analysis for pollutants listed below.

POLLUTANT/PARAMETER	MAX DAILY VALUE	AVG DAILY VALUE	NUMBER OF SAMPLES
BOD <sub>5</sub>			
TOTAL SUSPENDED SOLIDS			
FECAL COLIFORM			
TOTAL RESIDUAL CHLORINE			
OIL AND GREASE			
CHEMICAL OXYGEN DEMAND			
TOTAL ORGANIC CARBON			
AMMONIA			
DISCHARGE FLOW			
pH			
TEMPERATURE (WINTER)			
TEMPERATURE (SUMMER)			

B. Frequency and duration of flow:

**XIII. CERTIFICATION**

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

NAME AND OFFICIAL TITLE (type or print): Chip Schrader Director of Support Services	TELEPHONE NUMBER (area code and number): 270 298-3249
SIGNATURE Chip Schrader	DATE 3-17-09



# Ohio County Schools

Brian Decker, CPA, CSFM  
CFO/Treasurer  
Christy Nofsinger  
Director of Special Education  
Tony Minton  
Human Resource Director



315 East Union Street  
P. O. Box 70  
Hartford, Kentucky 42347  
(270) 298-3249  
Fax (270) 298-3886

#### Board Members

Barry Geary,  
Chairman  
Hartford  
William Eddins,  
Vice Chairman  
Horse Branch  
Dwight Raymond  
Beaver Dam  
Brad Beatty  
Fordsville  
Jeff Evans  
Centertown

Cheryl Shrewsbury  
Assist. Superintendent of Curriculum

Chip Schrader  
Director of Support Services

Seth Southard  
Assist. Superintendent of Secondary Curriculum

***Soretta Ralph, Superintendent***

March 18, 2009

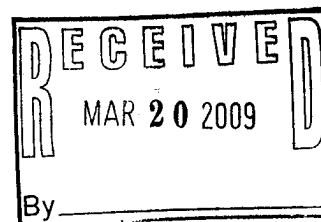
To: Division of Water

I am writing to request a waiver of fees for our waste water permit for Southern Elementary school in Ohio County. We are in the process of hooking Southern up to the local sewer system and hope to have no need of our waste water treatment plant by the fall. There are several factors in play, though. We do not have final approval to proceed with this project as of now. Paperwork has been filed with the GRADD office about this project, but that is about as far as it has gotten. Our superintendent has been in contact with our representatives, Tommy Thompson and Jerry Rhoads pertaining to this project. It is my understanding that they are supportive of it and intend to make it a high priority. We are hoping that stimulus money can be used for this project. Since there is a possibility that the treatment facility could be non-existent by this fall or later, we would like the fees waived or at least a partial waiver of the fees for our new permit.

If you have any questions, please feel free to contact me at (270) 298-3249 or on my cell at (270) 256-0789.

Sincerely,

Chip Schrader  
Director of Support Services



BOARD MEETS THIRD THURSDAY AT 5:30 P.M.

#### Non-Discriminatory Policy Statement

Students, their parents and employees of the Ohio County Board of Education, are hereby notified this school district does not discriminate on the basis of race, color, national origin, age, religion, marital status, gender, or disability in employment, educational programs, vocational programs or activities as set forth in Title IX, Title VI, Section 504, and ADA. Any person having inquiries concerning the Ohio County Board of Education compliance with Title IX, Title VI, Section 504, and ADA is directed to contact Christy Nofsinger, Ohio County Board of Education, P.O. Box 70, 315 East Union Street, Hartford, KY 42347, 298-3249, who has been designated to coordinate the district's efforts to comply with Title IX, Title VI, and Section 504.